PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

NITTO 0194

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
_	· · · · · · · · · · · · · · · · · · ·		(Column 1)		(Column 2)		TYPE		OF	SMALL	SMALL ENTITY		
TOTAL CLAIMS			19					RATE	FEE]	RATE	· FEE	
FOR ·			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			19 minus 20= *		*		٠.	XS 9=	·	OR	XS18=		
INE	DEPENDENT C	LAIMS	3 minus 3 =					X43=		OR	X86=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT				·	+145=	·	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II											OTHER		
		(Column 1)		(Column 2) (Column 3)			SMALL ENTITY			OR			
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		XS 9=		OR	X\$18=		
	Independent	*	Minus	***		-		X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHI NUME PREVIQ PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Incependent		Minus	***		=		X43=		OR	X86= .		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=		
									·		TOTAL	,	
							. Δ	IDDIT. FEE		.0	ADDIT. FEE		
1		(Column 1) CLAIMS	 	(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		≃ .		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	***		= '	ľ	X43=		OR	X86=		
	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								ı	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	TOTAL		
**	the Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter *20.*	٠A١	DDIT. FEE		OR ,	DDIT. FEE		
		iber Previously Paid					four	nd in the app	ropriate box	in colu	umn 1.		